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CONFIRMATION NO. 6073

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/659,983	<b>FILING OR 371(c) DATE</b> 09/10/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> P 0284779 081289
<b>APPLICANTS</b> Timothy A. Hovanec, Moorpark, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/573,684 05/19/2000 ABN and claims benefit of 60/386,217 09/19/2002 and claims benefit of 60/386,218 09/19/2002 and claims benefit of 60/386,219 09/19/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/31/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 32  <b>INDEPENDENT CLAIMS</b> 17
<b>ADDRESS</b> 27496				
<b>TITLE</b> AMMONIA-OXIDIZING BACTERIA				
<b>FILING FEE RECEIVED</b> 2442	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	